

February 19, 2008

Good Morning. My name is Susan Wood and I am the KHPA Program Manager for the Enhanced Care Management (ECM) Pilot Project currently in Sedgwick County. I appreciate the opportunity to update you on this project and introduce you to staff from Wichita who are here today in the event you have questions for them. Joining us today are; Jon Rosell, Executive Director of the Medical Society of Sedgwick County, Anne Nelson Associate Executive Director for Central Plains Regional Health Care Foundation and Matthew Schrock, Program Manager with Enhanced Care Management of Sedgwick County.

Provided in your binders are two reports for this project; one based on claims information and the second based on non-claims information. In summary these reports are encouraging regarding the early trends however the numbers represented particularly for the claims report are low and we will have access to more robust numbers in the next report.

- ❖ As of February 14, 2008 ECM has served 387 people with 194 actively enrolled,
- ❖ 1,707 potential members were invited to participate in the ECM project with 331 enrolling (19.4%). This response level is reported to be average compared to other states participating in AHRQ National Learning Network,
- ❖ 90,214 hours of direct client contact was provided in the first 18 months of service with an average of 37 minutes per person per contact,
- ❖ More than 60% of contact time is associated with direct therapeutic contact with a client or on their behalf.

Description of the ECM Participants

- ❖ 172 persons responded to Body Mass Indicator (BMI) questions with 78.5% having a BMI greater than 25%, suggesting the majority of the client pool was overweight or obese,
- ❖ Due to chronic health issues, inability to work and limited ability to be outside their residence ECM clients appear to be socially isolated,
- ❖ Perception of their health status by the ECM client scored 17 points lower than national population norms,
- ❖ Readiness for Change survey at time of enrollment indicated low readiness for change in this population. This tool is being re-administered to assess if this has been affected by participation in the project.

Disenrollment

- ❖ The most frequent reasons for disenrollment were; Medicaid eligibility ended (17.2%), followed by inability to locate the client (6.5%), the client requested disenrollment (5.7%), repeated no show for appointments (2.7%) and the client became Medicare eligible (2.3%),
- ❖ Sample data set from March 2007 through December 2007: 90% of person disenrolled from ECM due to loss of Medicaid eligibility regained eligibility and

returned to the PCCM program. Less than 1% were identified by the predictive software and invited back into the ECM project.

Cost and Expenditures

- ❖ Overall costs between the baseline and follow-up period (only 6 months each) were flat in the ECM group, but they increased in the Wyandotte (WY) County “matched” reference group (Tables 1-3, Figure 1).
- ❖ Costs related to inpatient events were reduced more in the ECM group than in the WY reference population (Figure 2 & 3).
- ❖ The number of inpatient events in the ECM population declined relative to the WY referent group, and these differences were statistically significant (Figures 4 & 5).
- ❖ The number of emergency department events in ECM declined relative to the WY reference group, but these differences were not statistically significant (Figure 4 & 5).
- ❖ The number of individuals with repeat visits to the emergency department in the pre-intervention period compared to the post-intervention period in ECM declined substantially and these declines were statistically significant (page 13).
- ❖ The measure of the percent of prescriptions filled for asthma maintenance drugs among all prescriptions for both rescue and maintenance drugs is called the prescription index. The prescription index for persons with asthma in the ECM increased in a statistically significant fashion, compared to the WY County reference group (Table 4)
- ❖ *Due to claim-run out issues, the number of individuals in each group eligible for the claims-based study (previous 5 points) was quite small for our initial 6 months analysis (less than 60 per group); the size of the groups will increase substantially for the 12 month analysis. This will increase the likelihood of statistically significant differences between the ECM and the WY reference.*